

BACKGROUND

This document provides guidance for homeless service providers during the Coronavirus Disease 2019 (COVID-19) pandemic. Homeless service providers should collaborate, share information, and review plans with local health officials to help protect staff, clients, guests, and volunteers. Facilities should follow the guidance below to help prevent the spread of infection.

SHELTERS AND HOUSING SERVICES

Facilities should work to minimize movement from shelter to shelter and practice social distancing within the shelter to honor Executive Order 9-20, Governor Jim Justice's "Stay at Home" order. All sites should develop protocols in coordination with local and state health authorities to separate individuals by case status. Staff should be prepared to handle different jobs than they are used to in the event of reduced staff capacity. Flexibility will be key, as staff should not come into work when ill and should remain at home until recovered.

SHELTERS AND HOUSING SERVICES

- Facilities should follow standard precautions regarding prevention of COVID-19, with frequent and proper hand washing, sanitizing, and social distancing, as well as frequent cleaning of surfaces daily and as soiled. This should occur continually around individuals at increased risk and with the assumption that COVID-19 is in the community.
- A screening process should be implemented before entry into the facility to assess for symptoms of COVID-19 including, but not limited to fever, cough, fatigue, and/or shortness of breath/difficulty breathing. Individuals should be asked if they have been feeling ill and if they have had any of these symptoms.
 - For any ill person with severe symptoms (difficulty breathing, chest pain, confusion, etc.) call 911.
 - When screening individuals, staff should wear Personal Protective Equipment (PPE) including face masks, eye protection, and gloves to protect themselves and clients. Staff and individuals in line for screening should stay 6 feet apart at all times. Tape can be used to mark appropriate distances.
 - Non-medical homeless service providers are not expected to provide complex care, such as checking vital signs or providing medications to ill individuals.
 - Ill individuals should be housed in a separate area from those who are well, and especially from those at high risk (those who are older, have chronic diseases, etc.).
- To optimize safety for all groups:
 - Follow [CDC Guidance for Homeless Service Providers](#) to plan for and respond to COVID-19.
 - Follow [Cleaning and Disinfection for Community Facilities](#) guidance.
 - Notify staff and clients about [symptoms](#) and safety precautions including proper hand washing and social distancing. Information should also be posted (see *Resources for More Information*).
 - Clients should be assessed for additional information, resource needs and vulnerabilities such as sharing of supplies. This may entail providing items not usually supplied to prevent contagion and withdrawal.
 - Facilities are strongly encouraged to use the *Resources for More Information* below and share with clients, as appropriate.
 - Beds should be placed at least 3 feet apart for those without symptoms and 6 feet apart for those who exhibit symptoms, with beds head-to-toe to prevent close contact.
 - Tape can be used in the shelter to reinforce social distancing. Large group activities should be avoided.
 - Facilities may also utilize curtains and sheets to create makeshift barriers between individuals.

WHAT TO DO IF SOMEONE HAS OR DEVELOPS ILLNESS SUGGESTIVE OF COVID-19

- Ill staff should be sent home, seek the level of medical care they need, and self-isolate to prevent further spread.
- To the extent possible, facilities should have a protocol in place for isolating sick individuals, including when possible providing a separate bedroom and bathroom.
 - Place a standard face mask on the ill individual whenever they must be around others.
 - The use of hotel/motel vouchers to house individuals may be utilized if sufficient space is unavailable in the facility. Facilities should work with local partners to provide transportation; other states have found success in installing barriers between vehicle front and back seats to prevent contagion.

- If separate living space cannot be provided, a large room for isolated individuals can be utilized with bathroom cleaning after every use. Individuals may be given their own cleaning supplies, as deemed appropriate by the staff member. This is the safest option, but if not possible, staff should clean wearing PPE.
- Staff should follow federal and local guidance regarding testing and need for care in the hospital, partnering with local providers for care coordination and transportation as needed.
- Whenever feasible, staff without access to PPE should wait 24 hours (or as long as possible) and open windows to circulate airflow before cleaning an ill person's living space.
- 1-2 staff at lower risk of infection should be designated to care for individuals with illness and should wear PPE and wash hands frequently after any contact or handling of supplies, laundry, etc.
- Staff should limit contact as much as possible, avoiding cross contamination with common areas and healthy individuals.
- Although laundry can be washed together and dried on high heat, care should be taken to wear gloves (when possible) and wash hands properly after handling.
- Staff should assess if symptoms are becoming severe and if emergency services are needed.
- In a hotel setting, staff can utilize doors and in-room phones to communicate with guests without need to use the PPE supply.
- Some clients with conditions such as Substance Use Disorder (SUD) or mental health disorders who will not comply with protocols may need advanced care.
- Facilities should assess and address additional needs of sick individuals such as being able to retrieve prescription medication including Medication-Assisted Treatment. This may include consideration of policy changes and use of telemedicine when possible.
- Any **ill individual (resident or staff)** should **isolate/stay home until at least 3 days after fever is fully resolved (off of fever reducing medications) AND other symptoms are improving AND it has been at least 7 days since illness onset.** See CDC guidance, [What to Do If You are Sick](#).
- Anyone with a **history of being in close contact with a case or suspect case of COVID-19** should stay **separated (self-quarantine) for 14 days after their last exposure, monitoring their health for development of symptoms.**

OUTREACH

Outreach workers should follow similar safety protocols. Workers can share guidance and resources available with people living on the street and in encampments, recommending individuals practice social distancing within sleeping quarters. Breaking up encampments is considered dangerous due to potential for dispersing the virus throughout the area if anyone in the encampment is infected. Essential resources should be made available, including a hand washing basin, for encampments with 10 or more people.

Please work with your local health department to determine and convey additional or developing needs.

RESOURCES FOR MORE INFORMATION

- DHHR COVID-19 Information Hotline: 1-800-887-4304
- CDC Tracking of COVID-19 in the U.S. and worldwide: www.cdc.gov/COVID19.
- WV Coalition to End Homelessness: <https://www.wvceh.org/news-updates/113-covid-19-resources.html>
- CDC guidance for Cleaning and Disinfection for Community Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
- CDC guidance for homeless service providers: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>
- CDC guidance for people experiencing unsheltered homelessness: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>

